Chapter 7
Section 8.1

# OXYGEN AND OXYGEN SUPPLIES

Issue Date: February 14, 1984 Authority: 32 CFR 199.4(d)(3)(iv)

#### I. PROCEDURE CODES

HCPCS Level II Codes A4610-A4629, E0424-E0480, E1353-E1399, E1400-E1406, J2410, J2460, J2590, J3550

## II. POLICY

Oxygen is a prescription medication and the following benefits may be cost-shared:

- A. Oxygen and the supplies and equipment related to its administration;
- B. Oxygen in gas (to include oxygen concentrators) and liquid form;
- C. Stationary and/or portable oxygen units; and
- D. Oxygen therapy for migraine and/or cluster headaches.

## III. POLICY CONSIDERATIONS

- A. Claims for oxygen must include a physician's prescription written within 30 days prior to the initial delivery of oxygen with the following information:
  - 1. The patient's diagnosis which requires the use of oxygen;
  - 2. Oxygen flow rate, frequency and duration of use;
  - 3. Estimated length of time oxygen will be required; and
  - 4. Method of oxygen delivery.
- B. The physician's prescription for a portable oxygen system must include the circumstances under which the portable system will be used; i.e., the medical purpose to be served by the portable oxygen which cannot be met by the stationary system.
- C. If the initial prescription shows an indefinite or lifetime need for oxygen, a new prescription is not required as long as the diagnosis substantiates its continued use.

- D. Oxygen concentrators may be purchased or cost-shared on a rental basis. If oxygen concentrators are rented, the durable medical equipment cost-sharing policy will not apply even though the purchase price for this equipment has been reached. Cost-sharing on a rental basis is necessary as oxygen concentrators require frequent periodic maintenance and frequent checks to ensure that the liter flow setting of the oxygen concentrator has not been altered.
- E. Claims with an unusual amount of oxygen or deluxe equipment should be reviewed for medical necessity.
  - F. Related Issuances.
    - 1. Chapter 1, Section 26.6, Hyperbaric Oxygen Therapy;
    - 2. Chapter 3, Section 4.3, Transtracheal Oxygen Therapy;
- 3. Chapter 8, Section 14.1, Unproven Devices, Medical Treatment, And Procedures for information about topical application of oxygen; and
- 4. Chapter 13, Section 3.3, Oxygen And Related Supplies for information about reimbursement of oxygen and related equipment and supplies.

#### IV. EXCEPTIONS

- A. Oxygen is generally limited to a 30 day supply. If, however, the oxygen is supplied only in amounts greater than a 30 day supply, TRICARE/CHAMPUS may cost-share the greater amount.
- B. TRICARE/CHAMPUS may cost-share up to one stationary tank unit and one portable oxygen unit per beneficiary.
- C. Repairs and adjustments of oxygen equipment are limited to those repairs and adjustments required to make the oxygen equipment serviceable.

## V. EXCLUSIONS

The following are not covered:

- A. Spare oxygen supplies kept at a separate location.
- B. Pre-set portable oxygen units are not covered. A pre-set unit is primarily designed and meant to be a first aid item and not for long-term therapy.
  - C. Regulators that permit a flow rate greater than 8 liters per minute.
- D. Oxygen (95%) and carbon dioxide (5%) inhalation therapy for inner ear disease. The therapeutic benefit derived from this procedure is not established.
  - E. The purchasing of maintenance agreements for oxygen equipment.

VI. EFFECTIVE DATE

April 29, 1980.

- END -